# INFORMATION FORM

# OSPREY RUN HOMEOWNERS ASSOCIATION, INC.

Date:

Please complete the following information and:

Please email <a href="mailto:secretarytreasurer@ospreyrun.com">secretarytreasurer@ospreyrun.com</a> and cc <a href="mailto:michellec@citadelpmg.com">michellec@citadelpmg.com</a>

#### Place in drobox located in the Mail Kiosk or:

Mail to: Citadel Management Group, 40347 US HWY 19 N, Ste. 229, Tarpon Spring, FL 34689

**ATTN: Tom Perzel** 

It is very important that our records concerning your unit be as accurate as possible at all times.

Should any of the following change from time to time, please keep us advised of the changes. Please use **black ink** and print legibly or fill in directly. Form must be complete or will be returned.

### NOTE: IF UNIT IS LEASED, PLEASE COMPLETE PAGE TWO

# Owner(s) Information

Unit Addre	ss:			
Unit Owner	(s):			
Home Pho	ne:		Email:	
	ork:		Cell:	
			Cell:	
Reside at unit If no, Mailing		YES ( )	If not, from:	To:
Vehicle(s)	Make/	Mod	lel/ Color/	License Plate Number
Vehicle(s)			lel/ Color/	License Plate Number
Vehicle(s)	1#	/	lel/ Color/ /	License Plate Number / /
Vehicle(s)	1# 2#	/	lel/ Color/ / /	License Plate Number / / /
	1#	/	/ /	License Plate Number / / / / red:
Pool Fob K	1#	/ /	/ / Date DECALS receiv	/ /

Thank you for taking the time to complete the above. Please know that all information is kept private and secure. This will enable us to take care of any emergency and contact you, as soon as possible.

Your Board of Directors of OSPREY RUN HOMEOWNERS ASSOCIATION, INC. NOTE: IF UNIT IS LEASED, PLEASE COMPLETE PAGE TWO

Office use only: scanned/sent to Citadel Mgmt:	Scanned and sent to President and V. Pres:	

# Lessee(s) Information only

Note: You must keep Owner's or Agent information attached. Complete ALL information

i icase i	rint: Unit Address:					
ANDATORY	Term of Lease:	From:		To:		
	Name of lessee:					
	Home Phone:			Email:		
	Work:			Cell:		
	Name of lessee:					
	Home Phone:					
	Work:			Cell:		
	Number of chil	dren/ages:				
	Vehicles(s) Mal	<e <="" th=""><th>Model/</th><th>Color/</th><th>License Plate</th><th>Numbe</th></e>	Model/	Color/	License Plate	Numbe
				/	/	
	2#		/	/	/	
				/	/	
	Pool Fob key#		Date	e DECALS received: _		
<b>ANDATORY</b>	I would like to have n	າy name and pho	ne number in the E	Entry Gate Directory	/ Kiosk YES	NO
Please Note	if you don't add name	and number in t	he gate guest will	not be able to get in	**	
JO Call Citac	lel Management at 727	7-938-7730 to ad	d vour name to th	e system with your h	nome/and or	
	h will allow you and yo		•			
trieve vour 3	digit directory code. Yo	วน press 9 to let ยู	guests in from you	r home/cell phone.		
	Signature:				Date:	

Your Board of Directors of OSPREY RUN HOMEOWNERS ASSOCIATION, INC.

Note: You must keep Owner's or Agent information attached.

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